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Bib Data Sheet

CONFIRMATION NO. 2541

SERIAL NUMBER 10/791,404	FILING DATE 03/02/2004 RULE	CLASS 359	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 5005.1073
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APPLICANTS

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** CONTINUING DATA *****

NONE SP

** FOREIGN APPLICATIONS *****

SP

GERMANY DE 103 09 340.0 03/03/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/19/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS

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TITLE

Iris diaphragm device

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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